

**FEDERAL CASH TRANSACTIONS REPORT**

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

Approved: Office of Management and Budget, No. 80-RO182  
1. Federal sponsoring agency and organizational element to which this report is submitted  
Agency for International Development  
Washington, D.C. 20503**2. RECIPIENT ORGANIZATION**Name: PRESIDENT & FELLOWS OF HARVARD COLLEGE  
Office for Sponsored Research  
Number and Street: Holyoke Center - Room 466  
1350 Massachusetts Avenue  
Cambridge, MA 02138

City, State and ZIP Code:

4. Federal grant or other identification number See 272A  
5. Recipient's account number or identifying number See 272A6. Letter of credit number  
720014687. Last payment voucher number  
246

Give total number for this period

8. Payment Vouchers credited to your account  
59. Treasury checks received (whether or not deposited)  
N/A**10. PERIOD COVERED BY THIS REPORT****3. FEDERAL EMPLOYER IDENTIFICATION NO.**

04210350

FRC (month, day, year)  
2/01/96TO (month, day, year)  
2/29/96**11. STATUS OF**

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period	DEFICIT	\$ (1,414,051.68)
b. Letter of credit withdrawals		1,856,000.00 *
c. Treasury check payments		0.00
d. Total receipts (Sum of lines b and c)		1,856,000.00
e. Total cash available (Sum of lines a and d)		441,948.32
f. Gross disbursements		1,865,851.32
g. Federal share of program income		0.00
h. Net disbursements (Line f minus line g)		1,865,851.32
i. Adjustments of prior periods		0.00
j. Cash on hand end of period	DEFICIT	\$ (1,423,903.00)

**12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING**

Days

**13. OTHER INFORMATION**

a. Interest income	\$	"
b. Advances to subgrantees or subcontractors	\$	

**14. REMARKS (Attach additional sheets of plain paper, if more space is required)****15.****CERTIFICATION**

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

3/12/96

TELEPHONE (Area Code, Number, Extension)

(617) 496-2507

**THIS SPACE FOR AGENCY USE**

\* missing R2W 247 for \$1,500,000 paid 2/29

3/29/96  
JP

# FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

1. Federal reporting agency and organizational element to which this report is submitted  
Agency for International Development  
Washington, D.C. 20503

## 2. RECIPIENT ORGANIZATION

Name PRESIDENT & FELLOWS OF HARVARD COLLEGE  
Office for Sponsored Research  
Number and Street Holyoke Center - Room 466  
1350 Massachusetts Avenue  
Cambridge, MA 02138

City, State and ZIP Code:

4. Federal grant or other identification number See 272A  
5. Recipient's account number or identifying number See 272A

6. Letter of credit number 72001468  
7. Last payment voucher number 249

Give total number for this period

8. Payment Vouchers credited to your account 3  
9. Treasury checks received (whether or not deposited) N/A

## 10. PERIOD COVERED BY THIS REPORT

FROM (month, day, year) 3/01/96  
TO (month, day year) 3/31/96

## 3. FEDERAL EMPLOYER IDENTIFICATION NO.

04210350

## 11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period	DEFICIT	\$ (1,423,903.00)
b. Letter of credit withdrawals		1,886,000.00
c. Treasury check payments		0.00
d. Total receipts (Sum of lines b and c)		1,886,000.00
e. Total cash available (Sum of lines a and d)		462,097.00
f. Gross disbursements		2,564,766.12
g. Federal share of program income		0.00
h. Net disbursements (Line f minus line g)		2,564,766.12
i. Adjustments of prior periods		0.00
j. Cash on hand end of period	DEFICIT	\$ (2,102,669.12)

## 12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

## 13. OTHER INFORMATION

a. Interest income	\$ -
b. Advances to subgrantees or subcontractors	\$

## 14. REMARKS (Attach additional sheets of plain paper, if more space is required)

## 15.

### CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

*Marisa Schasel*  
TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

4/10/96

TELEPHONE (Area Code, Number, Extension)

(617) 496-2507

THIS SPACE FOR AGENCY USE

5/3/96  
90

**FEDERAL CASH TRANSACTIONS REPORT**

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

Approved: Office of Management and Budget, No. 80-RO182

1. Federal sponsoring agency and organizational element to which this report is submitted  
Agency for International Development  
Washington, D.C. 20503**2. RECIPIENT ORGANIZATION**

Name PRESIDENT & FELLOWS OF HARVARD COLLEGE  
Office for Sponsored Research  
Number and Street Holyoke Center - Room 466  
1350 Massachusetts Avenue  
City, State and ZIP Code Cambridge, MA 02138

4. Federal grant or other identification number  
See 272A5. Recipient's account number or identifying number  
See 272A6. Letter of credit number  
720014687. Last payment voucher number  
255

Give total number for this period

8. Payment Vouchers credited to your account  
69. Treasury checks received (whether or not deposited)  
N/A**3. FEDERAL EMPLOYER IDENTIFICATION NO.**

04210350

**10. PERIOD COVERED BY THIS REPORT**FROM (month, day, year)  
4/01/96TO (month, day, year)  
4/30/96**11. STATUS OF**

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period	DEFICIT	\$ (2,102,669.12)
b. Letter of credit withdrawals		3,304,866.00
c. Treasury check payments		0.00
d. Total receipts (Sum of lines b and c)		3,304,866.00
e. Total cash available (Sum of lines a and d)		1,202,196.88
f. Gross disbursements		2,108,852.25
g. Federal share of program income		0.00
h. Net disbursements (Line f minus line g)		2,108,852.25
i. Adjustments of prior periods		0.00
j. Cash on hand end of period	DEFICIT	\$ (906,655.37)

MAY 14 1996  
RECEIVED**12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING**

Days

**13. OTHER INFORMATION**

a. Interest income	\$
b. Advances to subgrantees or subcontractors	\$

**14. REMARKS (Attach additional sheets of plain paper, if more space is required)****15.****CERTIFICATION**

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

Marisa Schasel

TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

5/09/96

TELEPHONE (Area Code, Number, Extension)

(617) 496-2507

THIS SPACE FOR AGENCY USE

5/14/96  
90

# FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

## 2. RECIPIENT ORGANIZATION

Name PRESIDENT & FELLOWS OF HARVARD COLLEGE  
Office for Sponsored Research  
Number and Street Holyoke Center - Room 466  
1350 Massachusetts Avenue  
Cambridge, MA 02138

City, State and ZIP Code:

## 3. FEDERAL EMPLOYER IDENTIFICATION NO.

04210350

1. Federal sponsoring agency and organizational element to which this report is submitted

Agency for International Development  
Washington, D.C. 20503

4. Federal grant or other identification number  
See 272A

5. Recipient's account number or identifying number  
See 272A

6. Letter of credit number  
72001468

7. Last payment voucher number  
260

Give total number for this period

8. Payment Vouchers credited to your account  
5

9. Treasury checks received (whether or not deposited)  
N/A

## 10. PERIOD COVERED BY THIS REPORT

FROM (month, day, year)  
5/01/96

TO (month, day, year)  
5/31/96

## 11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period	DEFICIT	\$ (906,655.37)
b. Letter of credit withdrawals		1,740,000.00
c. Treasury check payments		0.00
d. Total receipts (Sum of lines b and c)		1,740,000.00
e. Total cash available (Sum of lines a and d)		833,344.63
f. Gross disbursements	JUN 18 1996	2,417,231.06
g. Federal share of program income	RECEIVED	0.00
h. Net disbursements (Line f minus line g)		2,417,231.06
i. Adjustments of prior periods		0.00
j. Cash on hand end of period	DEFICIT	\$ (1,583,886.43)

## 12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

## 13. OTHER INFORMATION

a. Interest income	\$ -
b. Advances to subgrantees or subcontractors	\$

## 14. REMARKS (Attach additional sheets of plain paper, if more space is required)

## 15. CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

*Marisa Schasel*

TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

6/10/96

TELEPHONE (Area Code, Number, Extension)

(617) 496-2507

THIS SPACE FOR AGENCY USE

7/3/96  
JP

**FEDERAL CASH TRANSACTIONS REPORT**

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

Approved for Office of Management and Budget, No. 80-RO182

1. Federal sponsoring agency and organizational element to which this report is submitted

Agency for International Development  
Washington, D.C. 20503**2. RECIPIENT ORGANIZATION**

Name PRESIDENT & FELLOWS OF HARVARD COLLEGE  
Office for Sponsored Research  
Number and Street Holyoke Center - Room 466  
1350 Massachusetts Avenue  
Cambridge, MA 02138

City, State and ZIP Code:

4. Federal grant or other identification number  
See 272A5. Recipient's account number or identifying number  
See 272A6. Letter of credit number  
720014687. Last payment voucher number  
266

Give total number for this period

8. Payment Vouchers credited to your account  
59. Treasury checks received (whether or not deposited)  
N/A**10. PERIOD COVERED BY THIS REPORT**FROM (month, day, year)  
6/01/96TO (month, day year)  
6/30/96**3. FEDERAL EMPLOYER IDENTIFICATION NO.**

04210350

**11. STATUS OF**

FEDERAL

CASH

(See specific instructions on the back)

JUL 22 1996  
RECEIVED

a. Cash on hand beginning of reporting period	DEFICIT	\$ (1,583,886.43)
b. Letter of credit withdrawals		3,075,000.00
c. Treasury check payments		0.00
d. Total receipts (Sum of lines b and c)		3,075,000.00
e. Total cash available (Sum of lines a and d)		1,491,113.57
f. Gross disbursements		3,229,191.00
g. Federal share of program income		0.00
h. Net disbursements (Line f minus line g)		3,229,191.00
i. Adjustments of prior periods		0.00
j. Cash on hand end of period	DEFICIT	\$ (1,738,077.43)

**12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING**

Days

**13. OTHER INFORMATION**

a. Interest income

\$ "

b. Advances to subgrantees or subcontractors

\$

**14. REMARKS** (Attach additional sheets of plain paper, if more space is required)**15.****CERTIFICATION**

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

Marisa Schasel

TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

7/16/96

TELEPHONE (Area Code, Number, Extension)

(617) 496-2507

**THIS SPACE FOR AGENCY USE**7/23/96  
90

REVISED

**FEDERAL CASH TRANSACTIONS REPORT**

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

1. Federal reporting agency and organizational element to which this report is submitted  
 Agency for International Development  
 Washington, D.C. 20503

**2. RECIPIENT ORGANIZATION**

Name PRESIDENT & FELLOWS OF HARVARD COLLEGE  
 Office for Sponsored Research  
 Number and Street Holyoke Center - Room 466  
 1350 Massachusetts Avenue  
 Cambridge, MA 02138

City, State  
 and ZIP Code:

**3. FEDERAL EMPLOYER IDENTIFICATION NO.**

04210350

4. Federal grant or other identification number See 272A  
 6. Letter of credit number 72001468  
 7. Last payment voucher number 266  
 Give total number for this period  
 8. Payment Vouchers credited to your account 5  
 9. Treasury checks received (whether or not deposited) N/A

**10. PERIOD COVERED BY THIS REPORT**

FROM (month, day, year)  
 6/01/96

TO (month, day year)  
 6/30/96

**11. STATUS OF FEDERAL CASH**

a. Cash on hand beginning of reporting period	DEFICIT	\$ (1,583,886.43)
b. Letter of credit withdrawals		3,075,000.00
c. Treasury check payments		0.00
d. Total receipts (Sum of lines b and c)		3,075,000.00
e. Total cash available (Sum of lines a and d)		1,491,113.57
f. Gross disbursements		3,329,595.12
g. Federal share of program income		0.00
h. Net disbursements (Line f minus line g)		3,329,595.12
i. Adjustments of prior periods		0.00
j. Cash on hand end of period	DEFICIT	\$ (1,838,481.55)

**12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING**

Days

**13. OTHER INFORMATION**

a. Interest income	\$	
b. Advances to subgrantees or subcontractors	\$	

**14. REMARKS (Attach additional sheets of plain paper, if more space is required)****15.****CERTIFICATION**

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED  
 CERTIFYING  
 OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

6/01/96

TELEPHONE (Area Code, Number, Extension)

(617) 496-2507

THIS SPACE FOR AGENCY USE

8/22/96  
 JP

**FEDERAL CASH TRANSACTIONS REPORT**

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

Approved Office of Management and Budget, No. 80-RO182

1. Federal sponsoring agency and organizational element to which this report is submitted

Agency for International Development

Washington, D.C. 20503

**2. RECIPIENT ORGANIZATION**

Name PRESIDENT & FELLOWS OF HARVARD COLLEGE  
Office for Sponsored Research  
Number Holyok- Center - Room 466  
and Street 1350 Massachusetts Avenue  
Cambridge, MA 02138

City, State and ZIP Code:

4. Federal grant or other identification number See 272A

5. Recipient's account number or identifying number See 272A

6. Letter of credit number  
720014687. Last payment voucher number  
269

Give total number for this period

8. Payment Vouchers credited to your account  
39. Treasury checks received (whether or not deposited)  
N/A**3. FEDERAL EMPLOYER IDENTIFICATION NO.**

04210350

**10. PERIOD COVERED BY THIS REPORT**FROM (month, day, year)  
7/01/96TO (month, day, year)  
7/31/96**11. STATUS OF**

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period	DEFICIT	\$ (1,838,481.55)
b. Letter of credit withdrawals		2,358,000.00
c. Treasury check payments		0.00
d. Total receipts (Sum of lines b and c)		2,358,000.00
e. Total cash available (Sum of lines a and d)		519,518.45
f. Gross disbursements		2,048,912.74
g. Federal share of program income		0.00
h. Net disbursements (Line f minus line g)		2,048,912.74
i. Adjustments of prior periods		0.00
j. Cash on hand end of period	DEFICIT	\$ (1,529,394.29)

**12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING**

Days

**13. OTHER INFORMATION**


a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

**14. REMARKS (Attach additional sheets of plain paper, if more space is required)**

15. CERTIFICATION			
I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement	AUTHORIZED CERTIFYING OFFICIAL	SIGNATURE 	DATE REPORT SUBMITTED 8/15/96
		TYPED OR PRINTED NAME AND TITLE Marisa Schasel - Cash Manager	TELEPHONE (Area Code, Number, Extension) (617) 496-2507

THIS SPACE FOR AGENCY USE

8/22/96  
90

# FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

## 2. RECIPIENT ORGANIZATION

Name PRESIDENT & FELLOWS OF HARVARD COLLEGE  
Office for Sponsored Research  
Number and Street Holyoke Center - Room 466  
1350 Massachusetts Avenue  
Cambridge, MA 02138

City, State and ZIP Code:

## 3. FEDERAL EMPLOYER IDENTIFICATION NO.

04210350

## 11. STATUS OF

FEDERAL

CASH



SEP 11 1996

(See specific instructions on the back)

a. Cash on hand beginning of reporting period	DEFICIT	\$ (1,529,394.29)
b. Letter of credit withdrawals		✓ 2,992,000.00
c. Treasury check payments		0.00
d. Total receipts (Sum of lines b and c)		2,992,000.00
e. Total cash available (Sum of lines a and d)		1,462,605.71
f. Gross disbursements		1,993,954.94
g. Federal share of program income		0.00
h. Net disbursements (Line f minus line g)		1,993,954.94
i. Adjustments of prior periods		0.00
j. Cash on hand end of period	DEFICIT	\$ (531,349.23)

## 12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

## 13. OTHER INFORMATION

a. Interest income	\$ -
b. Advances to subgrantees or subcontractors	\$

## 14. REMARKS (Attach additional sheets of plain paper, if more space is required)

\* Included RQD 275 for \$461,000 paid 9/3

## 15.

### CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

9/10/96

TELEPHONE (Area Code, Number, Extension)

(617) 496-2507

THIS SPACE FOR AGENCY USE

9/24/96  
9P

# FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

1. Federal accounting agency and organizational element to which this report is submitted  
 Agency for International Development  
 Washington, D.C. 20503

## 2. RECIPIENT ORGANIZATION

Name PRESIDENT & FELLOWS OF HARVARD COLLEGE  
 Office for Sponsored Research  
 Number and Street Holyoke Center - Room 466  
 1350 Massachusetts Avenue  
 Cambridge, MA 02138

City, State and ZIP Code:

4. Federal grant or other identification number See 272A

6. Letter of credit number  
 72001468

5. Recipient's account number or identifying number See 272A

7. Last payment voucher number  
 278

Give total number for this period

8. Payment Vouchers credited to your account  
 3

9. Treasury checks received (whether or not deposited)  
 N/A

## 10. PERIOD COVERED BY THIS REPORT

FROM (month, day, year)  
 9/01/96

TO (month, day, year)  
 9/30/96

## 3. FEDERAL EMPLOYER IDENTIFICATION NO.

04210350

## 11. STATUS OF

FEDERAL

CASH 1996

OCT 10 1996  
 RECEIVED

(See specific instructions on the back)

a. Cash on hand beginning of reporting period	DEFICIT	\$ (531,349.23)
b. Letter of credit withdrawals		966,000.00
c. Treasury check payments		0.00
d. Total receipts (Sum of lines b and c)		966,000.00
e. Total cash available (Sum of lines a and d)		434,650.77
f. Gross disbursements		2,439,369.52
g. Federal share of program income		0.00
h. Net disbursements (Line f minus line g)		2,439,369.52
i. Adjustments of prior periods		0.00
j. Cash on hand end of period	DEFICIT	\$ (2,004,718.75)

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

## 13. OTHER INFORMATION

a. Interest income

\$ -

b. Advances to subgrantees or subcontractors

\$

## 14. REMARKS (Attach additional sheets of plain paper, if more space is required)

## 15.

## CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED  
 CERTIFYING  
 OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

10/08/96

TELEPHONE (Area Code, Number, Extension)

(617) 496-2507

THIS SPACE FOR AGENCY USE

10/22/96  
 qp

**FEDERAL CASH TRANSACTIONS REPORT**

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

**2. RECIPIENT ORGANIZATION**

PRESIDENT &amp; FELLOWS OF HARVARD COLLEGE

Name : Office for Sponsored Research  
Holyoke Center - Room 466  
Number and Street : 1350 Massachusetts Avenue  
Cambridge, MA 02138

City, State  
and ZIP Code:

**3. FEDERAL EMPLOYER IDENTIFICATION NO.**

042103580

Approved by Office of Management and Budget, No. 80-RO182

1. Federal sponsoring agency and organizational element to which this report is submitted

Agency for International Development  
Washington, D.C. 20503

4. Federal grant or other identification number

See 272A

5. Recipient's account number or identifying number

See 272J

6. Letter of credit number

72001468

7. Last payment voucher number

284

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

6

N/A

**10. PERIOD COVERED BY THIS REPORT**

FROM (month, day, year)

10/01/96

TO (month, day, year)

10/01/96

**11. STATUS OF  
FEDERAL  
CASH**

a. Cash on hand beginning of reporting period

DEFICIT

\$

(2,004,718.75)

b. Letter of credit withdrawals

3,402,000.00

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

3,402,000.00

e. Total cash available (Sum of lines a and d)

1,397,281.25

f. Gross disbursements

3,138,291.20

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

3,138,291.20

i. Adjustments of prior periods

0.00

j. Cash on hand end of period

DEFICIT

\$

(1,741,009.95)

12. THE AMOUNT SHOWN  
ON LINE 11j, ABOVE,  
REPRESENTS CASH RE-  
QUIREMENTS FOR THE  
ENSUING

Days

**13. OTHER INFORMATION**

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

**14. REMARKS (Attach additional sheets of plain paper, if more space is required)****15.****CERTIFICATION**

I certify to the best of my  
knowledge and belief that  
this report is true in all re-  
spects and that all disburse-  
ments have been made for  
the purpose and conditions  
of the grant or agreement

AUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

11/12/96

TELEPHONE (Area Code,  
Number, Extension)

(617) 496-2507

THIS SPACE FOR AGENCY USE

12/13/96  
JP

**FEDERAL CASH TRANSACTIONS REPORT**

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

Approved by Office of Management and Budget, No. 60-R0182

1. Federal sponsoring agency and organizational element to which this report is submitted

Agency for International Development  
Washington, D.C. 20503**2. RECIPIENT ORGANIZATION**

PRESIDENT &amp; FELLOWS OF HARVARD COLLEGE

Name : Office for Sponsored Research

Number : Holyoke Center - Room 466

and Street : 1350 Massachusetts Avenue

Cambridge, MA 02138

City, State  
and ZIP Code:**3. FEDERAL EMPLOYER IDENTIFICATION NO.**

042103580

4. Federal grant or other identification number

See 272A

5. Recipient's account number or identifying number

See 272A

6. Letter of credit number

72001468

7. Last payment voucher number

287

Give total number for this period

8. Payment Vouchers credited to your account

3

9. Treasury checks received (whether or not deposited)

N/A

**10. PERIOD COVERED BY THIS REPORT**

FROM (month, day, year)

11/01/96

TO (month, day, year)

11/30/96

**11. STATUS OF**

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

DEFICIT

\$

(1,741,009.95)

b. Letter of credit withdrawals

2,643,000.00

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

2,643,000.00

e. Total cash available (Sum of lines a and d)

901,990.05

f. Gross disbursements

2,544,578.15

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

2,544,578.15

i. Adjustments of prior periods

0.00

j. Cash on hand end of period

DEFICIT

\$

(1,642,588.10)

**12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING**

Days

**13. OTHER INFORMATION**

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

**14. REMARKS (Attach additional sheets of plain paper, if more space is required)****15.****CERTIFICATION**

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

12/09/96

TELEPHONE (Area Code, Number, Extension)

(617) 496-2507

THIS SPACE FOR AGENCY USE

1/2/97  
Q

**FEDERAL CASH TRANSACTIONS REPORT**

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

Approved Office of Management and Budget, No. 80-RO182

1. Federal sponsoring agency and organizational element to which this report is submitted

Agency for International Development

Washington, D.C. 20503

**2. RECIPIENT ORGANIZATION**

**Name** PRESIDENT & FELLOWS OF HARVARD COLLEGE  
**Office for Sponsored Research**  
**Number and Street** Holyoke Center - Room 466  
 1350 Massachusetts Avenue  
 Cambridge, MA 02138

City, State and ZIP Code:

**3. FEDERAL EMPLOYER IDENTIFICATION NO.**

042103580

4. Federal grant or other identification number

See 272A

5. Recipient's account number or identifying number

See 272A

6. Letter of credit number

72001468

7. Last payment voucher number

290

Give total number for this period

8. Payment Vouchers credited to your account

3

9. Treasury checks received (whether or not deposited)

N/A

**10. PERIOD COVERED BY THIS REPORT**

FROM (month, day, year)

12/01/96

TO (month, day year)

12/31/96

**11. STATUS OF FEDERAL CASH**

a. Cash on hand beginning of reporting period

DEFICIT

\$ (1,642,588.10)

b. Letter of credit withdrawals

2,889,000.00

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

2,889,000.00

e. Total cash available (Sum of lines a and d)

1,246,411.90

f. Gross disbursements

2,556,832.36

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

2,556,832.36

i. Adjustments of prior periods

0.00

j. Cash on hand end of period

DEFICIT

\$ (1,310,420.46)

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

**13. OTHER INFORMATION**

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

**14. REMARKS (Attach additional sheets of plain paper, if more space is required)****15.****CERTIFICATION**

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED CERTIFYING OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

1/14/97

TELEPHONE (Area Code, Number, Extension)

(617) 496-2507

THIS SPACE FOR AGENCY USE

**FEDERAL CASH TRANSACTIONS REPORT**

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

Approved Office of Management and Budget, No. 80-RO182

1. Federal sponsoring agency and organizational element to which this report is submitted

Agency for International Development

Washington, D.C. 20503

**2. RECIPIENT ORGANIZATION**

PRESIDENT &amp; FELLOWS OF HARVARD COLLEGE

Name Office for Sponsored Research

Number Holyoke Center - Room 466

and Street 1350 Massachusetts Avenue

Cambridge, MA 02138

City, State  
and ZIP Code:4. Federal grant or other identifica-  
tion number

See 272A

5. Recipient's account number or  
identifying number

See 272A

6. Letter of credit number

72001468

7. Last payment voucher number

294

Give total number for this period

8. Payment Vouchers credited to  
your account9. Treasury checks received (whether  
or not deposited)

N/A

**3. FEDERAL EMPLOYER  
IDENTIFICATION NO.**

042103580

**10. PERIOD COVERED BY THIS REPORT**

FROM (month, day, year)

TO (month, day year)

1/01/97

1/31/97

**11. STATUS OF**

FEDERAL

CASH

(See specific  
instructions  
on the back)

a. Cash on hand beginning of reporting period

DEFICIT

\$ (1,310,420.46)

b. Letter of credit withdrawals

2,718,000.00

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

2,718,000.00

e. Total cash available (Sum of lines a and d)

1,407,579.54

f. Gross disbursements

2,258,689.36

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

2,258,689.36

i. Adjustments of prior periods

0.00

j. Cash on hand end of period

DEFICIT

\$ (851,109.82)

**12. THE AMOUNT SHOWN  
ON LINE 11j, ABOVE,  
REPRESENTS CASH RE-  
QUIREMENTS FOR THE  
ENSUING**

Days

**13. OTHER INFORMATION**

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

**14. REMARKS (Attach additional sheets of plain paper, if more space is required)****15.****CERTIFICATION**I certify to the best of my  
knowledge and belief that  
this report is true in all re-  
spects and that all disburse-  
ments have been made for  
the purpose and conditions  
of the grant or agreementAUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

2/11/97

TELEPHONE (Area Code,  
Number, Extension)

(617) 496-2507

THIS SPACE FOR AGENCY USE

2/26/97  
90

**FEDERAL CASH TRANSACTIONS REPORT**

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

**2. RECIPIENT ORGANIZATION**

PRESIDENT &amp; FELLOWS OF HARVARD COLLEGE

Name : Office for Sponsored Research

Holyoke Center - Room 466

Number and Street : 1350 Massachusetts Avenue

Cambridge, MA 02138

City, State and ZIP Code:

**3. FEDERAL EMPLOYER IDENTIFICATION NO.**

042103580

Approved by \_\_\_\_\_ of Management and Budget, No. 80-RO182

1. Federal sponsoring agency and organizational element to which this report is submitted

Agency for International Development

Washington, D.C. 20503

4. Federal grant or other identification number  
See 272A5. Recipient's account number or identifying number  
See 272A

6. Letter of credit number

72001468

7. Last payment voucher number

297

Give total number for this period

8. Payment Vouchers credited to your account

3

9. Treasury checks received (whether or not deposited)

N/A

**10. PERIOD COVERED BY THIS REPORT**

FROM (month, day, year)

2/01/97

TO (month, day year)

2/28/97

**11. STATUS OF**

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

DEFICIT

\$ (851,109.82)

b. Letter of credit withdrawals

1,660,000.00

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

1,660,000.00

e. Total cash available (Sum of lines a and d)

808,890.18

f. Gross disbursements

2,852,659.63

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

2,852,659.63

i. Adjustments of prior periods

0.00

j. Cash on hand end of period

DEFICIT

\$ (2,043,769.45)

**12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING**

Days

**13. OTHER INFORMATION**

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

**14. REMARKS** (Attach additional sheets of plain paper, if more space is required)**15.****CERTIFICATION**

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

3/14/97

TELEPHONE (Area Code, Number, Extension)

(617) 496-2507

THIS SPACE FOR AGENCY USE

**FEDERAL CASH TRANSACTIONS REPORT**

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

Approved Office of Management and Budget, No. 80-RO182

1. Federal sponsoring agency and organizational element to which this report is submitted

Agency for International Development

Washington, D.C. 20503

**2. RECIPIENT ORGANIZATION**

PRESIDENT &amp; FELLOWS OF HARVARD COLLEGE

Name Office for Sponsored Research

Number Holyoke Center - Room 466

and Street 1350 Massachusetts Avenue

Cambridge, MA 02138

City, State  
and ZIP Code:

4. Federal grant or other identification number

See 272A

5. Recipient's account number or identifying number

See 272A

6. Letter of credit number

72001468

7. Last payment voucher number

300

Give total number for this period

8. Payment Vouchers credited to your account

3

9. Treasury checks received (whether or not deposited)

N/A

**10. PERIOD COVERED BY THIS REPORT**

FROM (month, day, year)

3/01/97

TO (month, day, year)

3/31/97

**3. FEDERAL EMPLOYER IDENTIFICATION NO.**

042103580

**11. STATUS OF**

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

DEFICIT

\$

(2,043,769.45)

b. Letter of credit withdrawals

3,448,000.00

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

3,448,000.00

e. Total cash available (Sum of lines a and d)

1,404,230.55

f. Gross disbursements

2,407,070.71

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

2,407,070.71

i. Adjustments of prior periods

0.00

j. Cash on hand end of period

DEFICIT

\$

(1,002,840.16)

**12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING**

Days

**13. OTHER INFORMATION**

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

**14. REMARKS (Attach additional sheets of plain paper, if more space is required)****15.****CERTIFICATION**

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

Marisa Schasel

TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

4/11/97

TELEPHONE (Area Code, Number, Extension)

(617) 496-2507

THIS SPACE FOR AGENCY USE

## FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

## 2. RECIPIENT ORGANIZATION

**PRESIDENT & FELLOWS OF HARVARD COLLEGE**  
 Name Office for Sponsored Research  
 Number Holyoke Center - Room 466  
 and Street 1350 Massachusetts Avenue  
 Cambridge, MA 02138

City, State and ZIP Code:

## 3. FEDERAL EMPLOYER IDENTIFICATION NO.

042103580

## 11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

DEFICIT

\$ (1,002,840.16)

b. Letter of credit withdrawals

1,486,000.00

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

1,486,000.00

e. Total cash available (Sum of lines a and d)

483,159.84

f. Gross disbursements

2,248,471.18

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

2,248,471.18

i. Adjustments of prior periods

0.00

j. Cash on hand end of period

DEFICIT

\$ (1,765,311.34)

## 12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

## 13. OTHER INFORMATION

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

## 14. REMARKS (Attach additional sheets of plain paper, if more space is required)

AID Cooperative Agreements Nos. CCN-0005-A-00-3023-10 and EPE-A-00-95-00122-02 are currently under suspension. No expenses incurred during the month are reflected in net disbursements.

## 15.

## CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED  
 CERTIFYING  
 OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

5/29/97

TELEPHONE (Area Code, Number, Extension)

(617) 496-2507

THIS SPACE FOR AGENCY USE

**FEDERAL CASH TRANSACTIONS REPORT**

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

Approved by *[Signature]* of Management and Budget, No. 80-RO1821. Federal sponsoring agency and organizational element to which this report is submitted  
**AGENCY FOR INTERNATIONAL DEVELOPMENT**  
**WASHINGTON, DC 20503****2. RECIPIENT ORGANIZATION****PRESIDENT & FELLOWS OF HARVARD COLLEGE**Name **Office for Sponsored Research****Holyoke Center - Room 466**Number and Street **1350 Massachusetts Avenue****Cambridge, MA 02138**

City, State and ZIP Code:

4. Federal grant or other identification number  
**see 272A**5. Recipient's account number or identifying number  
**see 272A**6. Letter of credit number  
**72001468**7. Last payment voucher number  
**305-301**

Give total number for this period

8. Payment Vouchers credited to your account **5**9. Treasury checks received (whether or not deposited) **N/A****10. PERIOD COVERED BY THIS REPORT**FROM (month, day, year)  
**04/01/97**TO (month, day year)  
**04/30/97****3. FEDERAL EMPLOYER IDENTIFICATION NO.****042103580****11. STATUS OF****FEDERAL****CASH****1997**

(See specific instructions on the back)

a. Cash on hand beginning of reporting period	Deficit	\$ (1,002,840.16)
b. Letter of credit withdrawals		1,486,000.00 ✓
c. Treasury check payments		0.00
d. Total receipts (Sum of lines b and c)		1,486,000.00
e. Total cash available (Sum of lines a and d)		483,159.84
f. Gross disbursements		3,038,175.60
g. Federal share of program income		0.00
h. Net disbursements (Line f minus line g)		3,038,175.60
i. Adjustments of prior periods		0.00
j. Cash on hand end of period		\$ (2,555,015.76)

**12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING**

Days

**13. OTHER INFORMATION**

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

**14. REMARKS (Attach additional sheets of plain paper, if more space is required)**

Revised to reflect net disbursements for AID cooperative agreement no. CCN-0005-A-00-3023 drawn via Letter of Credit System prior to award suspension.

**15.****CERTIFICATION**

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

**AUTHORIZED  
CERTIFYING  
OFFICIAL****SIGNATURE***Marcia Schasel*

TYPED OR PRINTED NAME AND TITLE

**DATE REPORT SUBMITTED****6/18/97****TELEPHONE (Area Code, Number, Extension)**

THIS SPACE FOR AGENCY USE

**FEDERAL CASH TRANSACTIONS REPORT**

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

Approved: Office of Management and Budget, No. 80-RO182

1. Federal sponsoring agency and organizational element to which this report is submitted

Agency for International Development

Washington, D.C. 20503

**2. RECIPIENT ORGANIZATION**

PRESIDENT &amp; FELLOWS OF HARVARD COLLEGE

Name : Office for Sponsored Research

Holyoke Center - Room 466

Number and Street : 1350 Massachusetts Avenue

Cambridge, MA 02138

City, State and ZIP Code:

4. Federal grant or other identification number

See 272A

5. Recipient's account number identifying number

See 272A

6. Letter of credit number

72001468

7. Last payment voucher number

304

Give total number for this period

8. Payment Vouchers credited to your account

0

9. Treasury checks received (whether or not deposited)

N/A

**10. PERIOD COVERED BY THIS REPORT**

FROM (month, day, year)

5/01/97

TO (month, day, year)

5/31/97

**3. FEDERAL EMPLOYER IDENTIFICATION NO.**

042103580

**11. STATUS OF**

FEDERAL

CASH

RECEIVED

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

DEFICIT

\$ (2,555,015.76)

b. Letter of credit withdrawals

3,612,623.00

c. Treasury check payments

0.00

d. Total receipts (Sum of lines b and c)

3,612,623.00

e. Total cash available (Sum of lines a and d)

1,057,607.24

f. Gross disbursements

1,582,060.85

g. Federal share of program income

0.00

h. Net disbursements (Line f minus line g)

1,582,060.85

i. Adjustments of prior periods

0.00

j. Cash on hand end of period

DEFICIT

\$ (524,453.61)

**12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING**

Days

**13. OTHER INFORMATION**

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

**14. REMARKS (Attach additional sheets of plain paper, if more space is required)**

This 272 report includes \$25,196.01 of expenses drawn prior to the suspension of AID assistance agreement CNN-0005-A-3023-00.

**15.****CERTIFICATION**

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement

AUTHORIZED  
CERTIFYING  
OFFICIAL

SIGNATURE

Marisa Schasel

TYPED OR PRINTED NAME AND TITLE

Marisa Schasel - Cash Manager

DATE REPORT SUBMITTED

6/17/97

TELEPHONE (Area Code, Number, Extension)

(617) 496-2507

THIS SPACE FOR AGENCY USE